

GOVERNMENTAL AGENCY (pursuant to Welf. & Inst. Code, §§ 11475.1, 11478.2): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT: _____	
STIPULATION FOR <input type="checkbox"/> JUDGMENT <input type="checkbox"/> SUPPLEMENTAL JUDGMENT REGARDING PARENTAL OBLIGATIONS AND JUDGMENT	
CASE NUMBER: _____	

1. THIS MATTER PROCEEDED AS FOLLOWS:

- a. ☐ By written stipulation without court appearance.
- b. ☐ By court hearing, appearances as follows:
- | | | |
|---|--------------------------|--------------------------------|
| (1) Date: _____ | Dept.: _____ | Judicial officer: _____ |
| (2) <input type="checkbox"/> Petitioner/Plaintiff present | <input type="checkbox"/> | Attorney present (name): _____ |
| (3) <input type="checkbox"/> Respondent/Defendant present | <input type="checkbox"/> | Attorney present (name): _____ |
| (4) <input type="checkbox"/> Other parent present | <input type="checkbox"/> | Attorney present (name): _____ |
| (5) District attorney (Welf. & Inst. Code, §§ 11475.1, 11478.2) (name): _____ | | |
| (6) <input type="checkbox"/> Other (specify): _____ | | |
- c. The Obligor (the parent ordered to pay support) is ☐ Petitioner/Plaintiff ☐ Respondent/Defendant
☐ Other parent

2. ☐ This order is based on the attached documents (specify): _____

3. THE PARTIES AGREE THAT

- a. Obligor has read and understands the *Advisement and Waiver of Rights* on page four of this form. Obligor gives up these rights and freely agrees that a judgment may be entered in accordance with this stipulation.
- b. The amount of support payable by Obligor as calculated under the guideline is: \$ _____ per month.
☐ We agree to guideline support.
☐ The guideline amount should be rebutted because of the following:
- (1) ☐ We have been fully informed of the guideline amount of support; we agree voluntarily to child support in the amount of: \$ _____ per month; the agreement is in the best interest of the children; the needs of the children will be met adequately by the agreed amount; the children are not receiving public assistance; no application for public assistance is pending; and application of the guideline would be unjust and inappropriate in this case. We understand that no change of circumstances need be shown to raise this order to the guideline amount.
- (2) ☐ Other rebutting factors (specify): _____
- c. ☐ Attached is a computer printout showing the parents' incomes and percentage of time each parent spends with the child(ren). The printout, which shows the calculation of child support payable, shall become the court's findings.

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

(Continued on reverse)

Page one of four

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT:	

3. d. The mother and father listed in the complaint are the parents of the children named in item 3e below.

e. Obligor shall pay current child support as follows:

<u>Name</u>	<u>Date of birth</u>	<u>Monthly support amount</u>
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(1) ☐ Other (specify):

(2) ☐ For a total of: \$ payable on the: day of each month
beginning (date):

(3) ☐ The support order was reduced, pursuant to the low income adjustment, because the Obligor's net monthly income is less than \$1,000.

(4) Any support ordered shall continue until further order of court, unless terminated by operation of law.

f. ☐ Obligor shall pay child support for the past periods and in the amounts set forth below (specify):

<u>Name</u>	<u>Date of birth</u>	<u>Period of support</u>	<u>Amount</u>
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(1) ☐ Other (specify):

(2) ☐ For a total of: \$ payable: \$ on the: day of each month
beginning (date):

(3) ☐ Interest shall accrue on the entire principal balance owing and not on each installment as it becomes due.

g. If this is a judgment on a *Supplemental Complaint*, it does not modify or supersede any prior judgment or order for support or arrearages, unless specifically provided.

h. No provision of this judgment shall operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.

i. All payments shall be made to (name and address of agency):

j. **A Wage and Earnings Assignment Order shall issue.**

k. ☐ Obligor ☐ Oblige shall (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and shall keep the district attorney's office informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the district attorney's request, complete and return a health insurance form; (4) provide to the district attorney all information and forms necessary to obtain health care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health care services for the children; (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health care services for the children. If the "Obligor" box is checked, a Health Insurance Coverage Assignment shall issue.

(Continued on page three)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT:	


3. l. Both parents shall complete a *Child Support Case Registry Form* (form 1285.92) and send (deliver or mail) it to the district attorney within 10 days of the date of this judgment. The parents shall notify the district attorney of any change in the information submitted within 10 days of the change by submitting an updated form.


m. The forms *Notice of Rights and Responsibilities* (form 1285.78) and *Information Sheet on Changing a Child Support Order* (form 1285.79) are attached.


n. ☐ Obligor shall pay costs of: \$ _____ to (specify): _____ on the following terms and conditions (specify): _____

o. ☐ The following person (the "Other Parent") is added as a party to this action under Welfare and Institutions Code section 11350.1 (name): _____


p. ☐ Other (specify): _____

Date: _____
 (TYPE OR PRINT NAME)  _____
 (SIGNATURE OF DISTRICT ATTORNEY BY PROSECUTING ATTORNEY)

Date: _____
 (TYPE OR PRINT NAME)  _____
 (SIGNATURE OF FATHER)

Date: _____
 (TYPE OR PRINT NAME)  _____
 (SIGNATURE OF ATTORNEY FOR FATHER)

Date: _____
 (TYPE OR PRINT NAME)  _____
 (SIGNATURE OF MOTHER)

Date: _____
 (TYPE OR PRINT NAME)  _____
 (SIGNATURE OF ATTORNEY FOR MOTHER)

JUDGMENT

4. The court so orders.

Date: _____

 JUDICIAL OFFICER
☐ SIGNATURE FOLLOWS LAST ATTACHMENT

5. Number of pages attached: _____

(Continued on reverse)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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ADVISEMENT AND WAIVER OF RIGHTS FOR STIPULATION

1. RIGHT TO BE REPRESENTED BY A LAWYER. I understand that I have the right to be represented by a lawyer of my choice at my expense. If I cannot afford a lawyer to represent me, I can ask the court to appoint one to represent me free of charge if I dispute that I am the parent of the children named in this action. I understand that the district attorney does not represent me.

2. RIGHT TO A TRIAL. I understand that I have a right to have a judicial officer: (a) determine if I am the parent of the children named in the stipulation; (b) decide how such child support I must pay; and (c) decide how much I owe for arrearages (unpaid support).

3. RIGHT TO CONFRONT AND CROSS-EXAMINE WITNESSES. I understand that in a trial any allegations made against me must be proved. At the trial I may be present with a lawyer when witnesses testify, and I may ask them questions. I may also present evidence and witnesses.

4. RIGHT TO HAVE PARENTAGE TESTS WHERE THE LAW PERMITS. I understand that, where the law permits, I have the right to have the court order parentage tests. The court will decide who pays

for the tests. The court could order that I pay none, some, or all of the costs of the tests.

5. I understand that by signing the *Stipulation for Judgment*, I am admitting that I am the parent of the children named in the stipulation and I am giving up the rights stated above.

6. WHERE THE STIPULATION INCLUDES CHILD SUPPORT.

- a. I understand that I will have the duty to obey the support order for the children named in the stipulation until the order is changed by the court or ended by law.
- b. I also understand that the court will order any support payments to be paid directly from my wages or other earnings and sent to the district attorney.

7. WHERE THE STIPULATION INCLUDES A PROVISION FOR HEALTH INSURANCE.

I understand that I must keep health insurance coverage for the minor children if insurance is available, or becomes available, to me at reasonable cost. A health insurance coverage assignment may be ordered to get health insurance for my children.

8. I am signing the stipulation freely and voluntarily.

9. I understand that the district attorney is required by state law to enforce the duty of support.

10. I UNDERSTAND THAT IF I WILL-FULLY FAIL TO SUPPORT MY CHILDREN, CRIMINAL PROCEEDINGS MAY BE INITIATED AGAINST ME.

11. I understand that any support I owe may be collected from any of my property. This collection may be made by intercepting money owed to me by the state or federal government (such as tax refunds, unemployment and disability benefits, and lottery winnings), by taking property I own, by placing a lien on my property, or by any other lawful means.

12. IF I AM REPRESENTED BY AN ATTORNEY, MY ATTORNEY HAS READ AND EXPLAINED TO ME THE STIPULATION, AND THIS ADVISEMENT AND WAIVER OF RIGHTS AND I UNDERSTAND THEM.

- ☐ I have read and understand the *Stipulation and Advisement and Waiver of Rights*; or
- ☐ Attached is a translation of this advisement in (*specify language*):
- ☐ I understand the translation.

Date:

.....
(TYPE OR PRINT NAME)



(PARTY'S SIGNATURE)

INTERPRETER'S DECLARATION. The defendant is unable to read or understand this advisement because

- ☐ his or her primary language is (*specify*):
- ☐ other (*specify*):

I certify under penalty of perjury under the laws of the State of California that I have, to the best of my ability, read or translated for the defendant the *Stipulation and Advisement and Waiver of Rights*. The defendant said he or she understood the *Stipulation and Advisement and Waiver of Rights* before signing it.

Date:

.....
(TYPE OR PRINT NAME OF INTERPRETER)



(INTERPRETER'S SIGNATURE)